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PTO/SB/21 (09-04)

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| TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small> | Application Number | 10/690,924 |
| | Filing Date | October 21, 2003 |
| | First Named Inventor | Cihla, James L. |
| | Art Unit | 2186 |
| | Examiner Name | Unassigned |
| Total Number of Pages in This Submission | Attorney Docket Number | 20949P-001600US |

| ENCLOSURES (Check all that apply) | | |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard Request for Withdrawal |
| <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|------------------------------------|----------|--------|
| Firm Name | Townsend and Townsend and Crew LLP | | |
| Signature | | | |
| Printed name | Paul C. Haughey | | |
| Date | 3-11-05 | Reg. No. | 31,836 |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
|---|------------|------|---------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | | |
| Signature | | | |
| Typed or printed name | TIFFANY WU | Date | 3/14/05 |

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

| | |
|------------------------|------------------|
| Application Number | 10/690,924 |
| Filing Date | October 21, 2003 |
| First Named Inventor | Cihla, James L. |
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| Examiner Name | Unassigned |
| Attorney Docket Number | 20949P-001600US |

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record
- ☐ all the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ all the attorneys/agents associated with Customer Number 20350

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

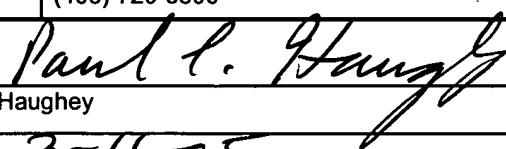
The reasons for this request are: Client requests transfer of files to new firm.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:

OR

| | | | | | |
|---|---|-------|------------------|----------------|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Jordan Becker | | | | |
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| Country | USA | | | | |
| Telephone | (408) 720-8300 | | Fax | (408) 720-8383 | |
| Signature |  | | | | |
| Name | Paul C. Haughey | | Registration No. | 31,836 | |
| Date | 3-11-05 | | Telephone No. | (650) 326-2400 | |

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.